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| Andrew C. Aitke VENABLE Post Office Box 34 Washington, DC 20 | n 385 | MAR 2 8 200 | Cas Ja | | Ce | rtificate of Ma | iling or Trans | |
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| 04 300.00 DA | | | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | 1 | FIRST NAMED | D INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 10/050,825 | 10/050,825 01/18/2002 | | | Leslie Jones | | | ,39872-177641 6945 | |
| TITLE OF INVENTION: W | ORKMAN'S TOOL FOR A | CCESSING CAVI | TIES | | • | | • | |
| | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FI | EE | E PUBLICATION FEE | | TOTAL FEE(S) DUE | | DATE DUE |
| nonprovisional | YES | \$700 | • | | \$300 | \$1000 | | 03/28/2005 |
| EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS | 7 | | • |
| HOWELL, DANIEL W | | 3722 | | | 408-204000 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys | | | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. | | | or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2Andrew C. Aitken 3 | | | | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON T | HE PATENT | (print o | r type) | | , | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion | elow, no assignee of this form is NO | data will appe | ear on the | ne patent. If an assignment. | nee is identifie | d below, the o | document has been filed for |
| (A) NAME OF ASSIGNEE . (E | | | B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| Cavity Access, Ltd. | | | United Kingdom | | | | | |
| Please check the appropriate | assignee category or catego | pries (will not be pri | inted on the pa | atent) : | ☐ Individual ¾☒ C | Corporation or o | ther private gr | oup entity 🚨 Government |
| 4a. The following fee(s) are | enclosed: | 4b | . Payment of | ٠, | | | | |
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| Authorized Signature | mandi | h | | | Date | March 28 | , 2005 | |

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36,729